

**DECLARATION COMBINED WITH POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship ar as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **ORAL LIQUID MUCOADHESIVE COMPOSITIONS**, Atty. Docket No. 7247M, the specification of which

(check  
one)       is attached hereto.  
 was filed on as United States Application No. or  
PCT International Application Serial No.  
and was amended on \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>		<u>Priority Claimed</u>		
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year Filed)</u>	<u>Yes</u>	<u>No</u>
60/097,646	August 24, 1998			
Application Serial No.	Filing Date	Application Serial No.	Filing Date	

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

60/097,646	August 24, 1998		
Application Serial No.	Filing Date	Application Serial No.	Filing Date

I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>U.S. Parent Application Number</u>	<u>PCT Parent Number</u>	<u>Parent Filing Date (MM/DD/YYYY)</u>	<u>Parent Patent Number (If applicable)</u>

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

<u>Atty Name</u>	<u>Atty Reg Number.</u>	<u>Associate Power of Attorney Attached</u>
Betty J. Zea	36,069	[ ] Yes <input checked="" type="checkbox"/> No
Brahm J. Corstanje	34,804	[ ] Yes <input checked="" type="checkbox"/> No
Jacobus C. Rasser	37,043	[ ] Yes <input checked="" type="checkbox"/> No
T. David Reed	32,931	[ ] Yes <input checked="" type="checkbox"/> No
Timothy B. Guffey	41,048	[ ] Yes <input checked="" type="checkbox"/> No

SEND CORRESPONDENCE TO:

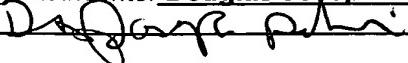
Betty J. Zea

The Procter & Gamble Company, Health Care Research Center (Box 1050)      (513) 622-3952

Name P.O. Box 8006	Mason	Ohio	Phone No. 45240-8006
Street	City	State	Zip Cod

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor **Douglas Joseph Dobrozsi**

Inventor's signature  Date 27 July 1991

Residence 9273 Kempergrove Lane, Loveland, Ohio 45140

Citizenship U.S.

Post Office Address The Procter & Gamble Company, Health Care Research Center  
P. O. Box 8006, Mason, OH 45040-8006

Full name of second joint inventor

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship Canada

Post Office Address \_\_\_\_\_

Full name of third joint inventor

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_